



"It is health that is real wealth and not pieces of gold and silver."
— Mahatma Gandhi

Dear Member

In this month's edition of the POLMED YOUR CARE Newsletter, we discuss **how diabetes increases your risk for heart disease**, and what you can do to prevent it. We also look at the **steps you can take to prevent osteoporosis** – the 'silent disease' resulting from thinning and weakening of your bones.

Did you know?

- Asthmatic bronchitis can have serious health implications if untreated or uncontrolled.
- Suicide is the third greatest cause of unnatural death in the country, with approximately six to eight thousand suicides each year.

Find out more about **symptoms, triggers and treatment for asthmatic bronchitis**, and **how to overcome a suicidal mind** by taking control of your thoughts before they take control of you.

Stay informed and enjoy the read!

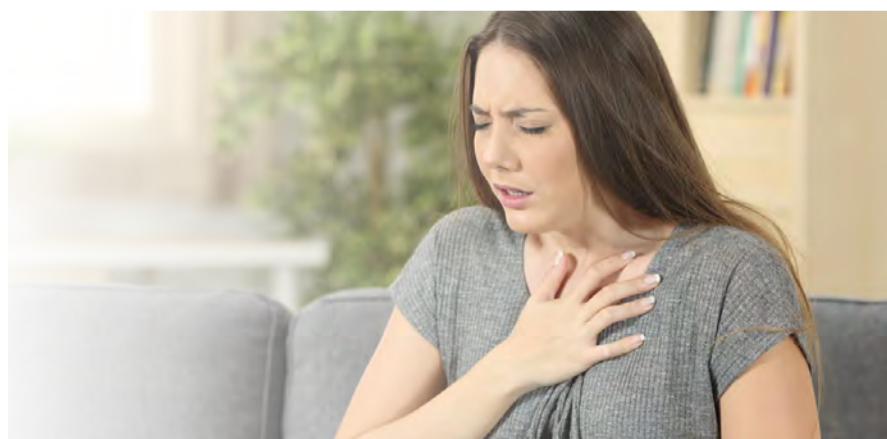
POLMED YOUR CARE Support Team



Diabetes and heart disease

Did you know? If you have diabetes, you can have a heart attack without realising it. Diabetes can damage your nerves and blood vessels, so a heart attack can be 'silent'.

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Asthmatic bronchitis

Asthmatic bronchitis is a respiratory condition that occurs when someone with asthma develops acute bronchitis. Infants, young children and elderly people are most vulnerable.

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Breakproof your bones

Your bones act as your body's armour – they give your body structure, protect your organs and help you to move. Take steps to build your bones to help prevent osteoporosis.

[Read more ...](#)



Dealing with suicidal thoughts

Many people think about suicide at some point in their lives. Feeling suicidal does not mean that you are crazy, weak, or flawed. No matter what your situation, help is at hand.

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Link between diabetes and heart disease

Diabetes increases your risk for heart disease.

Diabetes is a condition that affects the way your body uses glucose (sugar). All the cells in your body need glucose to work normally. Glucose gets into the cells with the assistance of a hormone called insulin. If there is not enough insulin, or if your body stops responding to insulin, glucose builds up in the blood. Over time, this can damage many different parts of your body, including your heart.

Did you know?

- Diabetics are two to four times more likely to develop heart disease than non-diabetics.
- Heart disease is the leading cause of death for people with diabetes.
- If you have diabetes, you can have a heart attack without realising it. Diabetes can damage your nerves and blood vessels, so a heart attack can be 'silent'.

How diabetes affects your heart

Diabetes causes high blood glucose levels. This can damage the walls of your arteries and lead to increased deposits of fatty materials on the insides of your blood vessels. These deposits can impair blood flow and increase your chance of developing atherosclerosis (hardening of the arteries).

Research shows that people with diabetes develop atherosclerosis at a younger age and more severely than people without diabetes. If untreated, atherosclerosis can increase your risk for a heart attack and stroke.

Atherosclerosis can also cause the heart to pump harder than normal as the arteries start to narrow. This increased pressure can weaken the heart muscle over time, making it less able to pump efficiently, and could even result in heart failure. People with diabetes have a two to three-fold greater risk for heart failure than those without the condition.

Diabetes causes high blood glucose levels

Sitting to death

It is simply not healthy for you to sit for hours on end. This is a sure-fire way of increasing your risk for both diabetes and heart disease. This lack of activity can lead to obesity and the dreaded excess weight around your waist which, in turn, increases the production of 'bad' LDL cholesterol and causes insulin resistance.

A junk-heavy diet or simply poor eating habits can exacerbate the problem.

Whether you have diabetes or not, you should control your blood sugar levels, blood pressure and cholesterol levels. If you have diabetes, exercising regularly can:

- improve your blood glucose control
- strengthen your heart and improve your blood circulation
- lower levels of triglycerides (bad fats in the blood)
- lower 'bad' LDL cholesterol
- lower your blood pressure
- help you maintain a healthy weight
- enhance your overall health and wellness

Move more



- Start off slowly with something simple like brisk walking. This can help both your heart and diabetes. When you do any activity, make sure you wear properly fitting footwear that provides good cushioning, and keep hydrated.
- Once you get into it and increase your fitness level, gradually increase the intensity and the amount of time in which you do it. The aim should be to gradually build up to doing at least 150 minutes a week.
- Before you start, talk to your doctor first, especially if you have diabetes complications or heart disease. Ask about how much and what type of activity you can do, and how intensely you should do it. There may be certain exercises you need to avoid.
- Stop if you feel dizzy or sick, or experience any sort of unusual pain.

Keeping active may mean that, in time, the treatment you are prescribed might need to be changed, or even stopped. Only your doctor may change your treatment plan. It is therefore important that you comply with all your visits and take your medication as prescribed.

References:

1. <http://www.world-heart-federation.org/cardiovascular-health/cardiovascular-disease-risk-factors/diabetes/>
2. <https://www.niddk.nih.gov/health-information/health-topics/Diabetes/diabetes-heart-disease-stroke/Pages/index.aspx>
3. <https://www.nhlbi.nih.gov/health/health-topics/topics/dhd>



Breakproof your bones

Protect your bones, protect your body.

Think of your bones as your body's armour. They give your body structure, protect your organs and help you to move.

Osteoporosis is commonly known as the 'silent disease', and results from a thinning and weakening of your bones. For most, bones are at their healthiest during early adult life. You gradually start losing bone density from around the age of 35. This happens to everyone. Some people develop osteoporosis and lose bone density much faster than normal. This means they're at greater risk of a fracture.

Osteoporosis can affect both men and women at any age; however it is more common in older women. Several risk factors can lead to osteoporosis. Some of these can be modified, while others cannot be changed.

Non-modifiable causes

- Age 50 and older: bone density begins to deteriorate in old age and falls are more likely.
- Gender: women generally have lower bone density than men, so their bones thin out more easily.
- Genetics: a family history of osteoporosis increases your risk.

Modifiable causes

- Not getting enough calcium and Vitamin D
- Not eating enough fruits and vegetables
- Getting too much protein, sodium and caffeine
- Being inactive
- Smoking (cigarettes are bad for bones)
- Drinking alcohol. Excessive alcohol use can result in bone loss.
- Medication use. Some medications (such as steroids) increase your risk of osteoporosis.
- Sex hormones. Low oestrogen levels can occur due to menopause in women, and low testosterone levels in men can contribute to osteoporosis.

Excessive alcohol use can result in bone loss

Build your bones

Prevention is always better than cure, so take steps now to prevent osteoporosis. If you have been diagnosed with osteoporosis, the following steps – in addition to keeping to treatment as prescribed by your doctor – can assist in preventing further bone loss:

- A very low body weight puts you at high risk of developing osteoporosis. It is important to try and maintain a healthy weight.
- Regular exercise will keep your body fit, keep the muscle around your joints strong, and help your bones grow stronger. Try aerobics, climbing stairs, dancing, jogging, tai chi and yoga. It is important to seek your doctor's advice before you start any new exercise programme.
- Maintain a healthy diet with enough calcium and vitamin D. Calcium is essential for bone strength, and vitamin D aids in calcium breakdown and absorption. Good sources of calcium are milk and other dairy products, as well as green vegetables such as broccoli. Vitamin D is normally made in the skin after exposure to sunlight, so spending time in the sun (with sunblock) will help increase your vitamin D level. Speak to your doctor if you may require a supplement for vitamin D and calcium.
- Stopping smoking is an important way to help slow down bone loss.

References:

1. <http://www.everydayhealth.com/osteoporosis/osteoporosis-and-gender.aspx>
2. Commentary by: Dr Zane Stevens, Physician and Endocrinologist, Cape Town.



Asthmatic bronchitis

Learn more about asthmatic bronchitis and how you can manage it.

Asthmatic bronchitis is a respiratory condition that follows when someone with asthma develops acute bronchitis. Acute bronchitis is usually caused by a virus, and results in inflammation in the bronchi (the passageways that move air into and out of the lungs). The inflammation is experienced as respiratory congestion and shortness of breath.

Because of the increased sensitivity to airway irritation and inflammation, people with asthma are at an increased risk for getting acute bronchitis. You are especially at risk if you are an asthmatic who smokes or is regularly exposed to air pollution. Infants, young children and elderly people are most vulnerable to the condition.

Asthma is not contagious but the viruses that cause acute bronchitis can be spread.

Anything that triggers asthma can make one susceptible to asthmatic bronchitis, such as:

- Smoke
- Pollution
- Allergens such as pollen, mould, dust, pet dander or food
- Chemicals
- Certain medication, such as aspirin and beta-blockers
- Exercise
- Weather changes (cold weather can exacerbate the condition)
- Viral or bacterial respiratory infections
- Strong emotions, e.g. laughing or crying
- Jobs associated with livestock, grain, textiles and coal mining.

Note: Not all asthmatics who are exposed to these risk factors will get asthmatic bronchitis.



Symptoms

The symptoms of asthmatic bronchitis are a combination of bronchitis and asthma symptoms. You may have all or some of the following:

- Chest pain or pressure
- Chest tightness
- Cough
- Excess mucous production
- Shortness of breath or rapid breathing
- Wheezing
- Fever
- Fatigue

These symptoms can vary in intensity and may be life-threatening. Get checked out immediately if your lips or fingernails turn blue, you have difficulty breathing, or feel yourself losing consciousness.

Treatment

Asthmatic bronchitis treatments are the same as those used to treat asthma and bronchitis. Treatment goals are to reduce airway inflammation, keep the airways open, and get rid of any mucous that's clogging up the airways.

Your doctor may recommend medication, e.g. **inhaled corticosteroids** (to reduce airway inflammation), **bronchodilators** (to relax muscles of the airways and ease wheezing) and **expectorants** (to thin mucous in the airways making it easier to cough up). **Chest physical therapy** may also be recommended to promote coughing up mucous. Consult your doctor to find the best treatment option for you.

Along with the correct treatments, you should also take care to prevent asthma triggers, where possible, by doing the following:

- Wash your bed sheets and blankets thoroughly.
- Dust and vacuum regularly.
- Keep pets out of your bedroom.
- Don't smoke and avoid second-hand smoke. Speak to your doctor about treatments to help you quit smoking.
- Wash your hands frequently to prevent the spread of infection.

Don't smoke
and avoid
second-hand
smoke

Complications

Asthmatic bronchitis can have serious health implications if untreated or uncontrolled, such as:

- chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis
- frequent respiratory infections
- pneumonia
- pulmonary hypertension (high blood pressure in the arteries of the lungs)
- respiratory failure.

Minimise your risk for these complications by following your treatment plan, drinking plenty of fluids to thin mucous, and getting lots of rest.

References:

1. <https://www.healthgrades.com/conditions/asthmatic-bronchitis>
2. <http://www.webmd.com/asthma/asthmatic-bronchitis-symptoms-treatment>
3. <http://www.healthline.com/health/asthma/asthma-bronchitis#Overview1>




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NEWSLETTER

OCTOBER 2017



Dealing with suicidal thoughts

Take control of suicidal thoughts before they take control of you.

Many people think about suicide at some point in their lives. These thoughts can range from feeling like you would be better off dead, to actively thinking about and planning to kill yourself. This is especially common in South Africa, considering our high unemployment rates, crime, poverty, cost of living, and faltering economy.

Did you know?

- South Africa has the eighth highest suicide rate in the world.
- Suicide is the third greatest cause of unnatural death in the country, with approximately six to eight thousand suicides each year.
- Over 20 suicides and more than 230 attempted suicides are reported daily in South Africa.

Even though it can be frightening to think about death, it does not make you a crazy, weak or bad person. Suicidal thoughts need not define you or make you think you are a lost cause. There is help at hand.

Self-help

- Remove any means of harming yourself from the house, e.g. large quantities of medication, ropes and knives.
- Do something you enjoy. This will make you feel better about yourself, and take your mind off things.
- Avoid alcohol or drugs. These are only temporary escapes from reality, and will not help you deal with the situation. They will only aggravate your mood and reinforce your negative thoughts and feelings.
- Do not isolate yourself from others or spend long periods of time alone. People make great support systems. If you don't have anyone to confide in, join a support group. Telling someone might lift the emotional burden, leaving you feeling less overwhelmed.

If your suicidal thoughts don't go away or worsen, ask for help. See a doctor, a health professional or psychologist. These people are in place to help and they deal with these issues every single day. As suicidal thoughts are often related to depression, your GP may prescribe an antidepressant medication. He may also suggest you see a psychologist.

If you are referred to a psychologist, you will undergo a psychological assessment. This will involve talking about your history, when the suicidal thoughts began, and what factors in your life might have caused them. The psychologist will assess the future risk of you attempting suicide, and will try to develop an appropriate coping system and strategy. He may also recommend regular psychotherapy, which will help you better understand and deal with your behaviour, thoughts and feelings.



References:

1. <https://www.uct.ac.za/usr/wellness/counselling/supportinfo/Suicide.pdf>
2. <http://www.citizen.co.za/992949/dont-put-mental-health-under-the-axe/>
3. http://www.sadag.org/index.php?option=com_content&view=article&id=1904&Itemid=151

If you have any questions or need more information, please call POLMED on 0860 765 633 (select the option for the Disease Management Programme), or send an email to polmeddiseaseman@medscheme.co.za with your membership number and contact details.